

OFFEROR PAST PERFORMANCE REFERENCE INFORMATION FORM

Name of Offeror:

1. Complete name of Government agency, commercial firm, or other organization											
2. Complete address											
3. Contract number or other reference	4. Date of contract										
5. Date work commenced	6. Date work was completed										
7. Initial contract price, estimated cost and fee, or target cost and profit or fee	8. Final amount invoiced or amount invoiced to date										
9a. Technical POC (name, title, company/agency, address, telephone number, fax number and email address)	9b. Contracting POC (name, title, company/agency, address, telephone number, fax number and email address)										
9c. Environmental Regulator POC (name, title, company/agency, address, telephone number, fax number and email address)	10. Location of work (country, state or province, county, city)										
11. Project/Contract Title											
12. Description of contract work (Describe nature and scope. Attach an explanation of any performance problems or other conflicts with the customer. Describe any litigation, pending, on-going, or completed. Use a continuation sheet, if necessary.)											
<i>Limit of one additional sheet</i>											
13. Current status of contract (choose one): <table><tr><td><input type="checkbox"/> Work continuing, on schedule</td><td><input type="checkbox"/> Work completed, litigation pending or underway</td></tr><tr><td><input type="checkbox"/> Work continuing, behind schedule</td><td><input type="checkbox"/> Terminated for convenience</td></tr><tr><td><input type="checkbox"/> Work completed, no further action pending or underway</td><td><input type="checkbox"/> Terminated for default</td></tr><tr><td><input type="checkbox"/> Work completed, routine administrative action pending or underway</td><td><input type="checkbox"/> Other (explain)</td></tr><tr><td><input type="checkbox"/> Work completed, claims negotiations pending or underway</td><td></td></tr></table>		<input type="checkbox"/> Work continuing, on schedule	<input type="checkbox"/> Work completed, litigation pending or underway	<input type="checkbox"/> Work continuing, behind schedule	<input type="checkbox"/> Terminated for convenience	<input type="checkbox"/> Work completed, no further action pending or underway	<input type="checkbox"/> Terminated for default	<input type="checkbox"/> Work completed, routine administrative action pending or underway	<input type="checkbox"/> Other (explain)	<input type="checkbox"/> Work completed, claims negotiations pending or underway	
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<input type="checkbox"/> Work completed, routine administrative action pending or underway	<input type="checkbox"/> Other (explain)										
<input type="checkbox"/> Work completed, claims negotiations pending or underway											

**Instructions for Completing the Reference Information Form**

- Item 1. Insert the complete name and address of the customer, including parent organization, if any. Do not use acronyms.
- Item 2. Insert the customer's complete address, including both post office box and street addresses, if applicable.
- Item 3. Insert any contract number or other contract reference used by the customer.
- Item 4. Insert the date on which the contract came into existence.
- Item 5. Insert the date on which you started to perform the work.
- Item 6. Insert the date on which the customer agreed that the work was satisfactorily completed (including substantial completion), aside from any pending or on-going administrative actions, claims negotiations, or litigation.
- Item 7. Insert the price, estimated cost and fee, or target cost and profit or fee as it appeared in the original contract. If the contract included multiple, separately priced items, add the individual item amounts and insert the total price, estimated cost and fee, or target cost and profit or fee.
- Item 8. Insert the final sum of all invoices, or the sum of all invoices to date, including agreed upon and disputed amounts, paid and awaiting payment.
- Item 9a. Insert the name, title, company/agency, address, telephone no., facsimile no., and e-mail address (if available) of the program or project manager, quality assurance representative, or other customer technical representative who is most familiar with the quality of your work under the contract.
- Item 9b. Insert the name, title, company/agency, address, telephone no., facsimile no., and e-mail address (if available) of the contracting officer, purchasing agent, or other customer contracting or purchasing representative who is most familiar with your work under the contract.
- Item 9c. Insert the name, title, company/agency, address, telephone no., facsimile no., and e-mail address (if available) of (a) lead environmental regulator(s) for RCRA or a State regulatory office director under whose authority RCRA and other environmental regulations would be enforced.
- Item 10. Insert the location(s) where the work was performed, including the country (if other than the United States) and the state or province, county (if applicable), and city.
- Item 11. Insert the title of the project and/or contract.
- Item 12. Describe the nature and scope of the work. The objective is to show how the work that you did or are doing is similar in nature and scope to the work that is to be performed under the contract contemplated by the request for proposals. Describe any unusual circumstances of performance or problems that may be relevant to the work that is to be performed. Tell your side of the story of any conflicts with the customer concerning which they may make adverse remarks about your performance. Describe any actions that you have taken or plan to take to correct any shortcomings in your performance. Describe any pending, on-going, or completed litigation.
- Item 13. Insert an X in the block next to the choice which best describes the current status of the contract. If you select the "Other" block, provide a brief explanation.

**Past Performance Letter**

Date \_\_\_\_\_

Dear \_\_\_\_\_:

The Department of Energy (DOE) is asking for your assistance in a procurement effort. \_\_\_\_\_ is participating in a proposal for a DOE Contract with an estimated value of \$2.6 billion. We are asking you to complete the attached questionnaire to help us evaluate \_\_\_\_\_'s performance.

Please use the following definitions to provide your ratings:

- 0 - Unsatisfactory - The contractor failed to meet the minimum contract requirements.
- 1 - Poor - Performance was less than expected. The contractor performed below minimum contract requirements.
- 2 - Satisfactory - Performance met expected levels. The contractor met the minimum contract requirements.
- 3 - Good - Contractor performance exceeded expected levels. The contractor performed above minimum contract requirements and displayed a thorough understanding of contract requirements.
- 4 - Excellent - Contractor performance substantially exceeded expected levels of performance. The contractor consistently performed above contract requirements, displayed an overall superior understanding of contract requirements, and used innovative approaches leading to enhanced performance.

NA - Not applicable

DK - Don't know. No knowledge available to rate this question.

Please feel free to provide an explanatory narrative under REMARKS. If more space is needed, please attach additional pages.

Please return the completed Past Performance Questionnaire and a copy of the Offeror's Past Performance Reference Information Form provided with this letter directly to the Department of Energy no later than one week after proposals are due. The questionnaire must be sent to the Contracting Officer by fax or e-mail as follows:

Elaine M. Richardson  
Contracting Officer, DOE-ID  
EM Source Evaluation Board  
Telephone No.: (208) 525-3903  
FAX: (208) 525-3922  
e-mail: [richarem@id.doe.gov](mailto:richarem@id.doe.gov)

We greatly appreciate your time and assistance in completing this questionnaire.

**Past Performance Questionnaire**

**Name of Offeror:**

0=Unsatisfactory, 1=Poor, 2=Satisfactory, 3=Good, 4=Excellent, NA=Not Applicable, DK=Don't Know

- |     |   |                       |   |   |   |   |    |    |
|-----|---|-----------------------|---|---|---|---|----|----|
| 1.  | Did the contractor adhere to contract delivery schedules/response times/cost estimates/budgets?   | 0                     | 1 | 2 | 3 | 4 | NA | DK |
| 2.  | Did the contractor utilize an effective project management system that included planning, budgeting, status tracking, reporting, baseline management, critical path analysis, and work breakdown structure? | 0                     | 1 | 2 | 3 | 4 | NA | DK |
| 3.  | Was the Statement of Work executed effectively by the contractor in a consistently high quality manner?   | 0                     | 1 | 2 | 3 | 4 | NA | DK |
| 4.  | Was the contractor's ES&H program in compliance with contract requirements and protective of workers, public, and the environment?  | 0                     | 1 | 2 | 3 | 4 | NA | DK |
| 5.  | Was the contractor effective in subcontract management?   | 0                     | 1 | 2 | 3 | 4 | NA | DK |
| 6.  | Did the contractor provide an effective and efficient transition from the previous contractor?  | 0                     | 1 | 2 | 3 | 4 | NA | DK |
| 7.  | Did the contractor effectively manage regulatory compliance programs and regulatory interfaces?   | 0                     | 1 | 2 | 3 | 4 | NA | DK |
| 8.  | Did the contractor's corporate office effectively support your contract?  | 0                     | 1 | 2 | 3 | 4 | NA | DK |
| 9.  | Did the contractor develop and implement an effective quality assurance program?  | 0                     | 1 | 2 | 3 | 4 | NA | DK |
| 10. | Was the contractor effective in working with organized labor, community groups, and other stakeholders?   | 0                     | 1 | 2 | 3 | 4 | NA | DK |
| 11. | Did the contractor meet targets/goals in its specified Small Business Subcontracting Plan and/or Small Disadvantaged Business Participation Program?  | 0                     | 1 | 2 | 3 | 4 | NA | DK |
| 12. | Did the contractor perform activities that contributed to a safe accelerated, cost effective site closure?  | 0                     | 1 | 2 | 3 | 4 | NA | DK |
| 13. | Would you hire this Company again?  | Yes _____<br>No _____ |   |   |   |   |    |    |

Name of Offeror:

REMARKS:

Respondent, please fill in the following table:

Item	Fill-In
Name	
Title	
Organization Name	
Organization Address (including City, State, Zip)	
Telephone Number (w/area code)	
Facsimile Number (w/area code)	
e-mail address	